
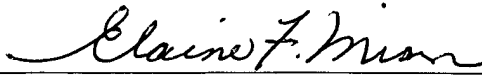


AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 873.0124.U1(US)	
Applicant(s): Stoipman, Victor J.					
Application No. 10/608,943	Filing Date June 26, 2003	Examiner Baker, Stephen M.	Customer No. 29683	Group Art Unit 2133	Confirmation No. 7557
<div style="float: left; border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 150px;"> PTO MAR 27 2006 RECEIVED </div> <div style="clear: both;"></div> <div style="clear: both;"></div>					
Commissioner for Patents: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	26 =	4	x \$50.00	\$200.00
INDEP. CLAIMS	7 -	6 =	1	x \$200.00	\$200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$400.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$400.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1924 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<div style="text-align: center;">  Signature </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Walter J. Malinowski (Reg. No. 43,423) Harrington & Smith, LLP 4 Research Drive Shelton, Ct 06484-6212 </div>			Dated: March 22, 2006		
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> 3/22/2006 (Date) </div> <div style="text-align: center; margin-top: 20px;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center; margin-top: 10px;"> Elaine F. Mian Typed or Printed Name of Person Mailing Correspondence </div>		



IN THE U.S. PATENT AND TRADEMARK OFFICE

App. No. : 10/608,943
Applicant : Stolpman, Victor J.
Filed : June 26, 2003
TC/AU : 2133
Examiner : Baker, Stephen M.

Docket No. : 873.0124.U1(US)
Customer No. : 29683

Title : LOW DENSITY PARITY CHECK CODES FOR MULTIPLE CODE RATES

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the non-final Office Action of January 12, 2006, please amend the above referenced application as follows:

Amendments to the Specification: None.

Amendments to the Drawings: None.

Amendments to the Claims pages 2-7 of this paper.

Remarks/Arguments pages 8-18 of this paper.

Appendix: None.

This Amendment is filed within the shortened statutory period for reply recited in the referenced Office Action. Applicant believes there is no extension of time fee due and an excess claims fee of \$ 400 for added new dependent claims 27-30 and new independent claim 30. Should the undersigned representative be mistaken as to the fees or should there be a deficiency, please consider this as a petition for an extension of time necessary to effect his Amendment and charge Deposit Account No. 50-1924 for any required fee deficiency.

03/28/2006 HMARZ11 00000016 10608943

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02 FC:1202

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